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Example<sup>a</sup>

**Initial Notification of Applicability<sup>b</sup>**

National Emission Standards for Hazardous Air Pollutants:  
Stationary Reciprocating Internal Combustion Engines  
**40 CFR Part 63 Subpart ZZZZ**

REC'D  
JUL 12 2010  
ARCO  
82-84

Yes, I am subject to 40 CFR Part 63 subpart ZZZZ National Emission Standards for Hazardous Air Pollutants for Stationary Reciprocating Internal Combustion Engines

NAICS code(s): 221119

Compliance Date:  Existing source: May 3, 2013     New/reconstructed source: upon initial startup

**Note: The May 3, 2013 compliance date for existing sources applies to the following engine types:**

- Existing non-emergency CI stationary RICE with a site rating of more than 500 brake HP located at a major source of HAP emissions
- Existing stationary CI RICE with a site rating of less than or equal to 500 brake HP located at a major source of HAP emissions
- Existing stationary CI RICE located at an area source of HAP emissions

Company name: Macon Municipal Utilities

Facility name (if different): Substation #2 generating station (S2GS)

Facility (physical location) address: 1411 Noll Drive, Macon, MO 63552

Owner name/title: Macon Municipal Utilities

Owner/company address: P. O. Box 569, Macon, MO 63552

<sup>a</sup> This is an example of the type of information that must be submitted to fulfill the Initial Notification of Applicability Status requirement of 40 CFR 63, subpart ZZZZ. You may submit the information in another form or format, or you may use this form.

<sup>b</sup> Initial Notification is due 120 days after the effective date of the rule or 120 days after you become subject to the rule

AREA SOURCE FOR HAPS

*Example<sup>a</sup>*

Owner telephone number: (660) 385-3173

Owner email address (if available): \_\_\_\_\_

If the Operator information is different from the Owner, please provide the following:

Operator name/title: Scott Lucas

Operator telephone number: (660) 385-2514

Operator email address (if available): slucas@gommu.com

I hereby certify that the information presented herein is correct to the best of my knowledge.

  
\_\_\_\_\_  
(Signature)

07-07-10  
\_\_\_\_\_  
(Date)

Scott Lucas/Asst. General Manager  
\_\_\_\_\_  
(Name/title)

( 660 ) 385-2514  
\_\_\_\_\_  
(Telephone No.)